**PRINCIPAL INVESTIGATOR AND INSTITUTIONAL SIGNATURES**

**Principal Investigator Name:**

**Institution:**

**Project Title:**

As the Principal Investigator on this project, I confirm that this project has completed all safety, regulatory and ethical reviews as required by my institution.

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*Signature of Principal Investigator*

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*Date*

**Authorized Institutional Representative Name:**

**Authorized Institutional Representative Title:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Authorized Institutional Representative*

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*Date*